

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	10001	10/10/00
O.I.P.E. CLASSIFIER		59	6/2
FORMALITY REVIEW	<i>CH</i>		
RESPONSE FORMALITY REVIEW	<i>CH</i>	44830	8-1

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	
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5	✓✓✓✓
6	✓✓✓✓
7	✓✓✓✓
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9	✓✓✓✓
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50	✓✓✓✓

Claim	Date
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57	✓✓✓✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy